

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/509758**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							81						
2							82						
3							83						
4							84						
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TOTAL IND.	1	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	7	←	3	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	8		33				TOTAL CLAIMS						